



 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number		2. EPA Product Manager	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name)		PM#	
5. Name and Address of Applicant (Include ZIP Code) <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section - II			
<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification - Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.	
Explanation: Use additional page(s) if necessary. (For section I and Section II.)			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. No. per container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Package wgt No. per container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted			
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/>
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____	
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name		Title	Telephone No. (Include Area Code)
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title	
4. Typed Name		5. Date	